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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/515,118	02/24/2000	Reuven Wachtfogel	NDS-4000 USA	7680
7590 08/26/2009 Welsh & Katz, Ltd.			EXAMINER	
120 South Riv		SHELEHEDA, JAMES R		
22nd Floor Chicago,, IL 6	0606		ART UNIT	PAPER NUMBER
			2424	
			MAIL DATE	DELIVERY MODE
			05/26/2000	DADED

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



#### UNITED STATES PAIENT AND TRADEMARK OFFICE

#### Board of Patent Appeals and Interferences

WELSH & KATZ, LTD. 120 SOUTH RIVERSIDE PLAZA 22ND FLOOR

22ND FLOOR CHICAGO, IL 60606 Appeal No: 2008-003134 Appellant: Reuven Wach

Appellant: Reuven Wachtfogel et al. Application No: 09/515,118

Hearing Room: A Hearing Docket: B

Hearing Date: Tuesday, July 07, 2009 Hearing Time: 09:00 AM

Location: 09:00 AM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

### NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, Delase contact the Clerk of the Board at 571-27-2797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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P.O. BOX 1450

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In all communications relating to this appeal, please identify the appeal by its number.								
CHECK ONE: ( ) HEARING ATTENDANCE CO	NFIRMED ( ) HE	ARING ATTENDANCE WAIVED						
Signature of Attorney/Agent/Appellant	Date	Registration No.						
Names of other visitors expected to accomp	any counsel:							

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